Case 2:12-cv-00791-JLR Document 46 Filed 08/01/13 Page 1 of 13

1	·	
1		The Honorable James Robart
2		
3		
4	i	
5		
6	UNITED STATES DIST	
	WESTERN DISTRICT OF AT SEATTI	
7	DWIGHT HOLLAND)
8	•) No. 12-cv-0791 JLR
9	Plaintiff,) DECLARATION OF GERRIE
10	vs.) LAQUEY
11	KING COUNTY ADULT DETENION, KING	
	COUNTY et al., KING COUNTY DISTRICT COURT EAST DIVISION – REDMOND))
12	COURTHOUSE, et al., WASHINGTON STATE DEPARTMENT OF LICENSING et al.,	
13	WASHINGTON STATE PATROL et al.,	
14	OFFICER WSP ANTHONY BROCK in his individual and official capacity as Washington) .)
15	State Patrol Officer, LAKEYSHA NICOLE WASHINGTON in her individual and official	
16	capacity as Prosecuting Attorney, KING COUNTY	
	PROSECUTING ATTORNEY'S OFFICE, et al., GRAY WESTSIDE TOWING LLC,)
17	Defendant(s).)
18		<u> </u>
19	Gerrie LaQuey declares as follows:	
20	1. I have personal knowledge of the	ne facts contained herein and am competent
21	to testify thereto.	
22	2. I am a Records Manager with the	ne King County Department of Public
23	Health.	
	DECLARATION OF GERRIE LAQUEY - 1	Daniel T. Satterberg, Prosecuting Attorney CIVIL DIVISION, Tort Section 900 King County Administration Building 500 Fourth Avenue Seattle, Washington 98104 (206) 296-8820 Fax (206) 296-8819

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1	3. Part of my job entails being a custodian of medical records created and/or
2	maintained by Jail Health Services.
3	4. Attached hereto as Exhibit 1 are true and correct copies of medical records
4	from Jail Health Services pertaining to the medical care of Dwight M.
5	Holland during his September 16, 2011 incarceration. Mr. Holland's date
6	of birth has been redacted pursuant to court rule.
7	I declare under penalty of perjury under the laws of the State of Washington that the
8	foregoing is true and correct to the best of my knowledge.
9	Dated this 31 day of July, 2013 at Seattle, Washington
10	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$
11	Llevie Karling
12	Gerrie LaQuey
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	

Exhibit 1

Declaration of LaQuey

RECEIVING SCREENING FORM

DATE: 09/16/2011 04:28

PATIENT NAME: HOLLAND, DWIGHT M

AGE: 49

VITAL SIGNS:

MOST RECENT: 9/16/2011

163 / 107 BP: (Sitting)

Pulse:

(Sitting)

Temperature:

98.7 (Left) Ear)

Respiration:

16 / min

SO2:

99 %

PRIOR:

BP:

Pulse:

Temperature:

Respiration:

SO2:

99 %

ALLERGIES:

NO KNOWN ALLERGIES

ENCOUNTER DATE/TIME: SEEN @ 0410

ENHANCED RSF INTAKE ASSESSMENT

DAJD Deferral Screening Reviewed

Initial Observation

No Observed Medical Problems

Medical History

Hypertension

Other (please describe)

Mental Health Screening

Psychiatric Treatment in Past 3 Months

No

Currently Enrolled in Psychiatric Treatment

Taking Psychiatric Medications in Past 45 Days

Other Mental Health Concerns (reminder for Psych Provider Chart Review)

Prior Suicide Housing or Psychiatric Housing Admit

None

Prior Suicide Attempt

No

Suicidal Ideation

No

Rule Out Active Tuberculosis

No Indications for PPD

Rule Out Risk for Detox

No Stated Drug or Alcohol Problems

Dental Problems

No Stated Dental Problems

Medications

Uses Prescription Medication (please list)

Meds Verified

Public Health Seattle & King County New/Revised -- Receiving Screening Form-- Form # (Aug 2006) (Rev.)

Jail Health Services 500 5th Avenue Seattle, WA 98104 Ph: 206.296.1091 FAX: 206.296,1771

620 W James St Kent, WA 98032 Ph: 206.205.2410 FAX: 206.205-2439

PATIENT NAME: HOLLAND, DWIGHT M BA#: 211028790 CCN: 1897785

BOOKING DATE: 9/16/2011 02:58AM

LOCATION: KCCF - 4-03-BK

HRN: 000041256

DOB: SEX: male

RECEIVING SCREENING FORM

Housing Recommendation Medical (complete 571)

Γ	S	HO SLEEP APNEA AND HTN. SAYS HE HAS DIABETES BUT, PER GROUP HEALTH, NO DX, ONLY GLUCOSE INTOLERANCE. USES CPAP SET AT 13.
	0	OBESE, 49 YO, AA, MALE, COOP. BG=97. BP ELEVATED, ASYMPTOMATIC. T/C TO GROUP HEALTH – 7/30 RANITADINE 150MG QHS #60; 7/30 OMEPRAZOLE 20MG QAM #30; 6/7 METOPOROL 50MG ½ TAB BID #30.
	Α	SLEEP APNEA; HTN; GERD.
	P	TRANSFER TO MED FLOOR. WEDGE ORDERED. REFER TO MED PROVIDER FOR MEDS TO FILL. VS CHECK BIW X 14 DAYS. Procedures Ordered: INTAKE ASSESSMENT - RN: enhanced rsf intake assessment VITAL SIGNS - BIW X2 WEEKS: enhanced rsf intake assessment EQUIPMENT - BED WEDGE: enhanced rsf intake assessment
		New Reminders Added: MEDICAL PROVIDER - MEDS TO FILL Due on 09/16/2011 04:44(HTN).

RN Name: LARSEN, COLLEEN R.N.

Electronically Signed by LARSEN, COLLEEN R.N. on 09/16/2011. ##And No Others##



 Jail Health Services

 500 5th Avenue
 620 W

 Seattle, WA 98104
 Kent, V

 Ph: 206.296.1091
 Ph: 20
 FAX: 206.296.1771

620 W James St Kent, WA 98032 Ph: 206.205.2410 FAX: 206.205-2439 PATIENT NAME: HOLLAND, DWIGHT M BA#: 211028790

CCN: 1897785

BOOKING DATE: 9/16/2011 02:58AM

LOCATION: KCCF - 4-03-BK

HRN: 000041256 DOB:¶

NURSING PROGRESS NOTE

DATE: (09/16/2011	11:33					•		
PATIEN	NAME: H	HOLLAND, DWI	GHT M						
VITAL S	IGNS:						• 		·
Mos	RECENT:	9/16/2011							
BP:	163 / 107 (Sitting)	Pulse:	96 (Sitting)	Temperature:	98.7 (Left Ear)	Respiration:	16 / min	SO2:	99 %
PRIO	R:								
BP:		Pulse:		Temperature:		Respiration:		SO2:	
MEDICA	TIONS:						•		
ALLERG	SIES:	NO KNOWN AL	LERGIES						

ENCOUNTER DATE/TIME: 9/16/2011 1100

Reminder in place to give pt wedge Reviewed chart, no outside records with DX Sleep Apnea Saw pt on deck to sign ROI for outside record DX sleep apnea and study Pt not able to name provider, unable to obtain records Pt states sign paperwork and should be released today from jail Pt instructed if not get OOJ, need to call family or friends and get name of provider for records for Sleep Apnea Pt agree with plan Kite PRN

Procedures Ordered:

NURSE - TRIAGE (NO KITE): nursing services

Nurse's Name: DENSMORE, SUSAN R.N.

Electronically Signed by DENSMORE, SUSAN R.N. on 09/16/2011. ##And No Others##



Jail Health Services

500 5th Avenue Seattle, WA 98104 Ph: 206,296,1091 FAX: 206.296.1771

620 W James St Kent, WA 98032 Ph: 206.205.2410 FAX: 206.205-2439 PATIENT NAME: HOLLAND, DWIGHT M

BA #: 211028790 CCN: 1897785

BOOKING DATE: 9/16/2011 02:58AM

LOCATION: KCCF - 7SLC05

HRN: 000041256 DOB: SEX: male

MEDICAL PROVIDER REVIEW NOTE

D	ATE:	09/16/201	1 11:48					•		
PA	ATIEN	T NAME:	HOLLAND, DWI	GHT M						
VI	TAL S	IGNS:								
	MOS	T RECEN	Γ: 9/16/2011							
	BP:	163 / 10 (Sitting)	7 Pulse:	96 (Sitting)	Temperature:	98.7 (Left Ear)	Respiration:	16 / min	SO2:	99 %
	PRIC	R:			·					
	BP:		Pulse:		Temperature:		Respiration:		SO2:	
					Current Heigh	t: Currer	nt Weight:			
M	EDICA	ATIONS:								
Α	LLER	GIES:	NO KNOWN A	LERGIES	1					
	Exte Lab				review				. •	
M	ed to	fill remind	eview Info	th BP 164/	107 on no curren	t BP med O	OJ.			

Assessment and Plan:
No action indicated. Wait for BP average to determine disposition.

Procedures Ordered:

MEDICAL PROVIDER REVIEW - LEVEL 1:

enhanced rsf intake assessment

Provider Name: HIGGS, ROGER M.D.

Electronically Signed by HIGGS, ROGER M.D. on 09/16/2011. ##And No Others##

Public Health New/Revised - Medical Provider Review Note - Form #4709 (Aug 2006.) (Rev. Jun 2011)

Jail Health Services

500 5th Avenue Seattle, WA 98104 Ph: 206.296.1091 FAX: 206.296.1771

620 W James St Kent, WA 98032 Ph: 206.205.2410 FAX: 206.205-2439 PATIENT NAME: HOLLAND, DWIGHT M BA #: 211028790

CCN: 1897785

BOOKING DATE: 9/16/2011 02:58AM LOCATION: KCCF - 7SLC05

HRN: 000041256 DOB:

CLINICAL DATA EXTRACT - RELEASE OF INFORMATION

EXTRACT DATE: 12/11/2012 08:05

CORRESPONDING AUTHORIZATION FORM SCAN DATE:

A Release of Information (ROI) was processed for this patient. The requested medical records were copied and forwarded to the Public Health Compliance Office for review, redaction and processing. Detailed below is information regarding the requestor of this ROI:

Requestor's Name: Terry M., Risk Mgr.

Agency: PH BSA Office Phone: 206 263-8255 ROI Scan Date: 12/10/12

Fulfilled By: FORTSON, ALFREDA

DATABASE EXTRACT: All data shown below the line is a direct automated extract of the clinical information contained within the electronic health record of the patient. This data has not been altered in the creation of this note. However the information contained below is subject to redaction by the Public Health to conform to the request.

DEMOGRAPHICS:

PATIENT NAME: HOLLAND, DWIGHT M	HRN: 000041256	DOB:	SEX:male

PROBLEM LIST:

ACTIVE PROBLEMS:	Enhanced Rsf Intake Assessment First Observed 9/16/2011 04:29AM
INACTIVE PROBLEMS:	

ALLERGY LIST:

		•
ALLERGIES:	NO KNOWN ALLERGIES	

MEDICATION LIST:

MEDICATIONS ORDERED DURING LAST ADMISSION:	NOTE: Medications listed here only if patient is no longer admitted.	_
ACTIVE MEDICATIONS:	NOTE: Medications listed here only if patient is currently a JHS patient.	

Public Health Seattle & King County

New/Revised -Clinical Data Summary - Roi- Form # (Dec 2009)) (Rev. mo. - yr.)

Jail Health Services

500 5th Avenue Seattle, WA 98104 Ph: 206.296.1091 FAX: 206.296.1771

620 W James St Kent, WA 98032 Ph: 206.205.2410 FAX: 206.205-2439 PATIENT NAME: HOLLAND, DWIGHT M BA #: 211028790

CCN: 1897785

BOOKING DATE: 9/16/2011 02:58AM

LOCATION: KCCF - 4-03-REL

HRN: 000041256, DOB:

CLINICAL DATA EXTRACT - RELEASE OF INFORMATION

VITAL SIGNS HISTORY:

Date/Time Entered BP

Pulse

Rhythm

Resp Temp Oxygen

Height Weight

9/16/2011

04:27AM

163 / 107 Standing

96 Standing

16 98.7 L. EAR 0.00 L/Min

CLINICAL DATA EXTRACT - AUTHENTICATION:

This document is finished and has been entered into the patient's chart.

Jail Health Services
500 5th Avenue 620 W
Seattle, WA 98104 Kent, V
Ph: 206.296.1091 Ph: 20 FAX: 206.296.1771

620 W James St Kent, WA 98032 Ph: 206:205.2410 FAX: 206.205-2439 PATIENT NAME: HOLLAND, DWIGHT M

BA #: 211028790 **CCN:** 1897785

BOOKING DATE: 9/16/2011 02:58AM

LOCATION: KCCF - 4-03-REL

HRN: 000041256 DOB:◀

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PHYSICIAN'S DAILY ORDERS

Admitting MD: SANDERS, BENJAMIN L Attending MD: SANDERS, BENJAMIN L

Referring MD:

MRN:000041256 AGE: 49 Sex:M PATIENT NAME: HOLLAND, DWIGHT M

- ENCOUNTER ORDERS -

Ordering MD: HIGGS, ROGER

Patient : HOLLAND, DWIGHT M

MRN ·

:000041256

Entry Date/Time: SEP-16-2011 11:55:31 Entry User : (47781) HIGGS, ROGER M.D.

Procedure Date/Time : SEP-16-2011 11:55:00

Procedure Type : Provider

Description

: MEDICAL PROVIDER REVIEW - LEVEL 1

Procedure Comment :

Diagnoses : ENHANCED RSF INTAKE ASSESSMENT

Order No:9606621-1

*** Electronically Signed by HIGGS, ROGER on SEP-20-2011:130855.***

And No Others

--- ENCOUNTER ORDERS ---

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PHYSICIANS DAILY ORDERS

Admitting MD: SANDERS, BENJAMIN L Attending MD: SANDERS, BENJAMIN L

Referring MD:

MRN:000041256 AGE: 49 Sex:M PATIENT NAME: HOLLAND, DWIGHT M

- ENCOUNTER ORDERS -

Ordering MD:

SANDERS, BENJAMIN L

Patient : HOLLAND, DWIGHT M MRN

:000041256

Entry Date/Time: SEP-16-2011 11:36:14

Entry User : (45601) DENSMORE, SUSAN R.N.

Procedure Date/Time : SEP-16-2011 11:35:00

Procedure Type : RN Proc

Description

: NURSE - TRIAGE (NO KITE)

Procedure Comment : Diagnoses : NURSING SERVICES

Order No: 9606598-1

*** Electronically Signed by SANDERS, BENJAMIN L on SEP-16-2011:145413.***

And No Others

--- ENCOUNTER ORDERS ---

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PHYSICIANS DAILY ORDERS

Admitting MD: SANDERS, BENJAMIN L Attending MD: SANDERS, BENJAMIN L

Referring MD:

MRN :000041256 AGE: 49 Sex :M PATIENT NAME: HOLLAND, DWIGHT M

- ENCOUNTER ORDERS -

SCHROEDER, CATHERINE Patient: HOLLAND, DWIGHT M MRN Ordering MD:

:000041256

Entry Date/Time: SEP-16-2011 04:46:17

Entry User : (45413) LARSEN, COLLEEN R.N.

Procedure Date/Time : SEP-16-2011 04:45:00

Procedure Type : RN Proc Description : INTAKE A : INTAKE ASSESSMENT - RN

Procedure Comment :
Diagnoses : ENHANCED RSF INTAKE ASSESSMENT Diagnoses

Order No:9606265-1

*** Electronically Signed by SCHROEDER, CATHERINE on SEP-19-2011:065916.***

And No Others

Ordering MD: SCHROEDER, CATHERINE Patient: HOLLAND, DWIGHT M MRN

:000041256

Entry Date/Time: SEP-16-2011 04:46:17

Entry User : (45413) LARSEN, COLLEEN R.N.

Procedure Date/Time : SEP-16-2011 04:45:00

Procedure Type : RN Proc Description : VITAL SIG : VITAL SIGNS - BIW X2 WEEKS

Procedure Comment :
Diagnoses : ENHANCED RSF INTAKE ASSESSMENT

Order No:9606265-2

*** Electronically Signed by SCHROEDER, CATHERINE on SEP-19-2011:065916.***

And No Others ## _______

Ordering MD: SCHROEDER, CATHERINE Patient: HOLLAND, DWIGHT M MRN

:000041256

Entry Date/Time: SEP-16-2011 04:46:17

Entry User : (45413) LARSEN, COLLEEN R.N.

Procedure Date/Time : SEP-16-2011 04:45:00

Procedure Type : RN Proc Description : EQUIPMENT

Description : EQUIPMENT - BED WEDGE
Procedure Comment :
Diagnoses : ENHANCED RSF INTAKE ASSESSMENT

Order No:9606265-3

*** Electronically Signed by SCHROEDER, CATHERINE on SEP-19-2011:065916.***

And No Others

MEDICAL ALERT	
Date 9-16-11	i de la compansión de l
Name Holland, Wens	<u> </u>
BA# 211028790 0	Jan.
Location 57	
DOB	
Bleeding Risk	
Breathing Condition	님
Cardiac-Condition	
Diabetes	⅓
Hearing Impairment	
Needs Crutches	H
Needs Cane/Walker	H
Needs Wheelchair	H
Personal Shoes	H
Pregnant	H
Seizure Risk-Lower Bunk/Deck	H
Visual Impairment	
Wound Care Supplies	H
Other	<u>P</u>
	☐ X
Please Allow Inmate To:	
Wedge	
Ordered By: Cotton Largert RN	
Ordered By: Cotton Larger, RN Nursen ARNP, MD	
Ordered By: Cotton Largert RN	
Ordered By: Cotton Larger, RN Nursen ARNP, MD	
Ordered By: Cotton Larcen, RN Nuzson ARNP, MD When Indicated & Approved by Sergeant	
Ordered By: Cotton Larger, RN Nursey ARNP, MD When Indicated & Approved by	
Ordered By: College RN Number ARNP, MD When Indicated & Approved by Sergeant Start Date 7-16-11	
Ordered By: College RN Number ARNP, MD When Indicated & Approved by Sergeant Start Date 7-16-11	